

AO 240 (Rev. 10/03) DC MODIFIED

# UNITED STATES DISTRICT COURT

## District of Minnesota

Reyer John H.  
Plaintiff

Grand Casino Hinkley and  
Grand Casino's Inc.  
Defendant

### APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

CASE NUMBER: 09cv 1798 MJD/RLEI, John H. Reyner declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant
 ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 6-27-08, \$8.75/hour + tips  
Pay Period was every two weeks.

3. Grand Casino Hinkley, 777 Lady Luck Dr., Hinkley, MN 55037  
In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If the answer to any of the above is "Yes," describe, in item 7 on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No  
If "Yes," state the total amount(s). \$ 714.84 as of 7-12-09

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5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other

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thing of value?

☒ Yes☐ No

If "Yes," describe the property and state its value.

1. 40 Acre Farm - \$106,300.00
2. Farm 2nd Excavating Equipment - \$50,000.00
3. 1993 Ford F250 Pickup Truck, 1991 Ford F250 Pickup Truck - under \$10,000.00
4. IRA ACCOUNT = \$30,000.00

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. List Minor Children below by initials only and complete attached Reference List for those Minors.

Judith Ann Rayer - wife - 60%:

7. Additional information (include source descriptions from item 3):

Unemployment Insurance \$351.00 + \$25.00 status payment, weekly

I, John H. Rayer declare, under penalty of perjury, that the above information is true and correct.

7-13-2009

Date

John H. Rayer

Signature of Applicant

### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I, \_\_\_\_\_, certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_. I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_

I further certify that in the 6-month period immediately preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the prisoner's account was \$ \_\_\_\_\_, and the average monthly balance in the prisoner's account was \$ \_\_\_\_\_.

DATE

SIGNATURE OF AUTHORIZED OFFICER